

THE DATA BASE MANUAL

***PREPARED
BY***

***THE STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOL & DRUG PROGRAMS***

Prepared for the Information Management Services Division customers & partners through a joint effort between the Research & Policy Analysis Branch & Data Management Services

MAY 1996

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Copies of this manual may be obtained by contacting:

**The California Department of Alcohol & Drug Programs
Resource Center
1700 K Street
Sacramento, CA 95814
(916) 327-3728
(800) 879-2772**

THE DATA BASE MANUAL

AN OVERVIEW OF THE DATA COLLECTION SYSTEMS
MAINTAINED BY THE CALIFORNIA DEPARTMENT
OF ALCOHOL & DRUG PROGRAMS:

INFORMATION MANAGEMENT SERVICES DIVISION (IMSD)

| | |
|---|---|
| ℒ | An Introduction to the Data Systems |
| ℒ | Systems Development & Highlights |
| ℒ | Your Role in Making the Systems Work |
| ℒ | Getting & Using the Data |
| ℒ | Questions & Answers |
| ℒ | Definitions & Examples |
| ℒ | Where To Call For More Information |

***Prepared For IMSD's Customers & Partners Through a Joint Effort Between
the Research & Policy Analysis Branch
& Data Management Services***

May 1996

May 16, 1996

Dear Data Base Customer:

The **Data Base Manual** was prepared for the California Department of Alcohol and Drug Programs' internal and external customers to give them a better understanding of the various data bases and systems maintained by the Department, how they work, how to obtain and use data from them, and to provide answers, definitions and examples of some of the more common questions, terms and data.

This is the first of several "installments" or sections, which together will eventually form a complete **Data Base Manual** for all the Department's data bases. The material in the first installment presents a basic and practical overview of the three primary data collection systems maintained by the Department within the Information Management Services Division:

The California Alcohol & Drug Data System (CADDs)
The Drug & Alcohol Treatment Access Report (DATAR)
The Uniform Facilities Data Set (UFDS)

Other departmental divisions maintain data bases which will be the subject of future sections of the **Data Base Manual**. Look for these in the coming months. In the meanwhile, we would appreciate your comments and suggestions about this first section of the **Manual**, and encourage you to complete and mail the Customer Survey form on the next page.

Sincerely,

JAMES M. KOOLER, Dr.P.H.
Deputy Director
Information Management Services Division

CUSTOMER SURVEY FORM
For the First Edition of the ADP Data Base Manual

The **Manual** provided me with the following..... *(Please circle one of the choices below
for each comment, A through K)*

- | | | | | |
|---|-------------------|-------------|-------------|------------------|
| A. A basic, practical introduction to the 3 ADP data collection systems | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| B. A general understanding of the data bases available in each system | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| C. The differences between the systems | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| D. How each system works | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| E. What each system collects | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| F. What data is available each system | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| G. How my organization can benefit from the data available | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| H. How my organization "fits" into the process for making the systems work | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| I. How and when to use data from each system | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| J. How to obtain data from the systems | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |
| K. Answers to questions about the systems, data, reports, utilization and definitions | <i>Needs Work</i> | <i>Fair</i> | <i>Good</i> | <i>Excellent</i> |

What do you like about the Manual?_____

What do you dislike about the Manual?_____

What could we do to make the Manual more useful?_____

Your Name_____Telephone_____

Organization_____

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Please mail this form to: The California Department of Alcohol & Drug Programs
Data Management Services
1700 "K" Street, Sacramento, CA 95814

THE DATA BASE MANUAL

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THE DATA BASE MANUAL



I. INTRODUCTION TO THE DATA SYSTEMS

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INTRO

The California Department of Alcohol and Drug Programs (ADP) maintains several related but distinct data systems which together help define the extent, status and characteristics of alcohol and other drug (AOD) prevention, treatment services and clients in the State of California. Three of these systems are:

- ⌘ *The California Alcohol and Drug Data System (CADDs)*
- ⌘ *The Drug and Alcohol Treatment Access Report (DATAR)*
- ⌘ *The Uniform Facilities Data Set (UFDS)*

This manual was written to help our customers better understand, participate in and utilize these systems. If we've done our job well, by the time you have finished this manual you will have an overview of the three systems, what kinds of data they collect, and how you can access this data to be of maximum utility for you and your audience.

FORE-WORD

A significant component of the publicly-funded substance abuse service delivery system in California, particularly alcoholism services, follows more closely a social model rather than a clinical model approach. Social model programs are designed to provide a positive environment and peer support for participants to achieve and maintain a sober lifestyle. In this approach, which evolved out of the self-help philosophy of Alcoholics Anonymous, many clinical concepts, such as distinctions between prevention and treatment, client and codependent, clinician and patient, are not applicable. Even admission and discharge are difficult terms to apply to social model programs.

This obviously presents challenges for data collection. The difficulties of using clinically-based methodologies to collect data from social model programs are much deeper than differences in terminology. California's social model programs report on UFDS and many also participate in CADDs. However, many of these programs' participants and activities are not reported in the current data systems.

With the increasingly clinical emphasis in the federal data collection systems, this gap may widen. In response, California continues to seek ways to close these reporting gaps as it develops and implements its data collection systems.

Three offices within ADP provide the majority of support for the management, maintenance and utilization of the data systems: **Data Management Services**, **Computer Services**, and **Research and Policy Analysis**. A fourth office, the **Resource Center**, provides customers with information and referral, a clearing- house, technical assistance, and library and electronic reference services. The four offices are described below.

| | |
|--|--|
| DATA integrates MANAGE- MENT SERVICES | The Data Management Services Section (DMSS) develops, maintains, and manages systems to collect and process vital program data. The section coordinates with counties and providers to assure that the Department’s data bases contain complete, timely and accurate data. |
|--|--|

The section collects and processes monthly CADDs and DATAR reports from more than 860 treatment providers that receive public funding or are licensed to dispense methadone. Over 200,000 client treatment episodes are reported to CADDs annually. Data Management also gathers extensive information from 1,400 public and private treatment facilities in California for the nationwide UFDS survey. The survey also produces the Directory of Community Resources which is available to the public through the ADP Resource Center.

The section collaborates with counties to integrate local and state data systems in order to improve efficiency and reduce redundancy in data collection and reporting for service providers. They work with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in developing and operating systems at the national level. California contributes to SAMHSA’s Drug and Alcohol Services Information System by transmitting client data from CADDs to the Treatment Episode Data Set (TEDS), by conducting the UFDS survey for California, and by continually updating the National Facilities Register of alcohol and other drug treatment facilities.

| | |
|------------------------------|---|
| COMPUTER SERVICES | Computer Services provides vital support to both ADP and its customers by managing electronic data processing activities. Staff provides consultation, systems analysis, programming and production control. Services include information security, asset management, planning, telecommunications, training, application development, purchasing, installation, maintenance, and product support for a wide variety of software programs and data bases. |
|------------------------------|---|

Additionally, Computer Services investigates and determines the suitability of emerging technologies for potential application and utility. Some currently being analyzed are the Local Area Network/Oracle client server/relational data base, imaging/scanning, knowledge-based systems and Internet.

| | |
|------------------------------------|--|
| RESEARCH AND POLICY | Research and Policy Analysis (RPA) is responsible for the “development and maintenance of a centralized AOD indicator data collection system which shall gather and obtain information on the status of the AOD problem in the State |
|------------------------------------|--|

ANALYSIS of California.” (California Health and Safety Code Section 11755.2) The Branch analyzes the data and informs policymakers and the public on the status of the AOD problem in California. RPA assists its customers by:

Ø developing, interpreting and analyzing data to support identification and assessment of California's AOD problems, and to support the development of effective programs and policies to reduce those problems. RPA designs, coordinates, conducts or contracts for the development of estimates, forecasting, program utilization, epidemiological/outcome studies, data sets, trend analysis, special surveys, project reports, impact or expenditure evaluations and other information to enhance the body of AOD-related knowledge.

Ø working with top management and key decision-makers to help them utilize solid, well-designed research and evaluation information in decision-making and in planning and policy development. RPA helps maximize the use of ADP’s information assets by providing accurate and timely information to requesters, both internal and external to ADP.

Ø providing leadership in the field of drug and alcohol research by encouraging and facilitating communication and cooperative efforts, thereby raising the quality and utility of alcohol and drug research. This communication between the research community and ADP’s customers furthers the collection of useful information and its understanding, utility and dissemination.

Ø assisting with the design, development and implementation of interactive Computer communication and information systems, and providing technical assistance (TA) and training on their use. RPA serves as the professional knowledge base for internal and external ADP customers, providing direction, TA, training and recommendations on structuring, conducting and evaluating AOD-related and evaluation studies. RPA provides data and TA to customers for the development, interpretation and use of research/evaluation findings.

RPA management and staff place a high priority on responsive, efficient and effective customer service, which is provided quickly, professionally, accurately, and with integrity, and honesty. RPA’s customers include:

ℳ State Government - the Governor's Office, the Legislature, Health & Welfare Agency, and any special committees of these offices; other departments (Social

Services, Corrections, Attorney General, Education, Health Services, Mental Health Youth Authority, EDD, etc.), and other states (usually for specific information or collaborative efforts).

U Federal Government - Department of Health & Human Services, among others.

U County - Alcohol & Drug Offices and private or public AOD treatment providers.

U Consultants - Private or public service or advisory groups or individuals, special interest groups, researchers, grant writers, program planners or evaluators.

U Media - TV, radio, magazine, newspaper, etc.

U Universities/Colleges/Students - Administrators, faculty, researchers and students from grade school through college graduate levels

U General Public - Requests for specific or general AOD information, material on trends, current problems, state and federal expenditures, and inquiries about state and federal policies and responses to problems

RESOURCE CENTER The Resource Center acquires alcohol and other drug information and knowledge and transfers it to California communities, organizations, alcohol and other drug programs, community leaders, policy makers, families and individuals. The Center provides information, referral and access to individuals, programs and communities across the state, nation and even internationally. There is no charge for services.

The Resource Center provides four essential functions: Information and Referral; a Clearinghouse; Technical Assistance; and Library and Electronic Reference Services. Requests for treatment referrals, publications, special library research, electronic reference services and technical information can be accessed by telephone, fax, electronic communication or in person.

The Clearinghouse has over 250 brochures, pamphlets, posters, research reports, program descriptions and other materials. These are available for community meetings, conferences and workshops. New materials and additional resources are constantly being produced and added to the collection.

Technical Assistance consists of staff who can provide help on inquiries about technical assistance, training and funding. Helping alcohol and other drug programs reduce barriers and improve services is a priority.

Library and Electronic

Reference Services

include the maintenance of a collection of books, journals, reports and videotapes on alcohol and other drug information. On-line data bases, as well as library catalogs and Internet sources, are searched to provide up-to-date reference and research support. A librarian is available to assist with research projects and reference questions.

The Resource Center is a member of the Regional Alcohol and Drug Awareness Resource (RADAR) Network and the Treatment Improvement Exchange (TIE), and is the home of the CommunityWORKS Network (CWN).



II. HOW THE SYSTEMS DEVELOPED ¶

SYSTEM THE CALIFORNIA ALCOHOL AND DRUG DATA SYSTEM (CADDs)

DEVELOP- MENT

CADDs was developed by ADP in response to new requirements for data collection and reporting by the federal Anti-Drug Abuse Act of 1988. It began collecting data July 1, 1991. It incorporated the "Minimum Data Set" required at that time by the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

CADDs replaced ADP's California Drug Abuse Data System (CAL-DADS) which had collected client data from all publicly-funded drug abuse treatment providers and private methadone clinics since July 1982, and the California Alcohol Program Participant System (CAPPS), which collected data from participating counties between 1981 and 1990. Prior to 1982, California participated in NIDA's Client Oriented Data Acquisition Process (CODAP) for drug abuse treatment client data.

ADP worked with county Alcohol and Drug Program Administrators and local AOD service providers during the development of CADDs, and continues to coordinate with them on the operation and maintenance of the system. In about one-half of California's counties, CADDs data collection is integrated within local data systems so that service providers need to collect and report client data only once for agency, county, state and federal use.

SYSTEM **THE DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

DEVELOP- DATAR was developed as a result of federal requirements, which reflected
MENT growing national concerns about treatment capacity and the ability to provide AOD services within a reasonable time period to those who need and want them.

As the system has evolved, it has been used to identify two specific groups of individuals awaiting treatment to give them priority placement: injecting drug users and pregnant women. Those awaiting treatment who are Medi-Cal beneficiaries or receive SSI/SSP disability benefits because of AOD problems are also included in the system's data collection effort.

DATAR began March 1990 when the federal government required drug programs to notify the state when they exceed 90 percent of their treatment capacity, and to admit intravenous drug-abusing individuals within seven days of their request for treatment. New federal regulations caused the system to be revised and expanded in July 1994. Renamed the Drug and Alcohol Treatment Access Report, DATAR now includes reporting by both drug and alcohol programs on treatment capacity and waiting lists.

SYSTEM **THE UNIFORM FACILITIES DATA SET (UFDS)**

DEVELOP- This survey was first conducted in 1974, and is sponsored by the federal Substance
MENT Abuse and Mental Health Administration (SAMHSA). This "point-prevalence" survey collects data from all AOD treatment and recovery facilities in California. The survey is considered very comprehensive because it collects information from both public and private-sector AOD treatment programs. The survey is a component of the national Drug and Alcohol Services Information System (DASIS). It also carries out a mandate contained in the Anti-Drug Act of 1988. Prior to 1995, UFDS was known as the National Drug and Alcoholism Treatment Unit Survey (NDATUS).

III. SYSTEM HIGHLIGHTS ¶

CADDS Collects data from about 860 AOD treatment providers, and processes about 30,000 admission and discharge records a month. CADDS collects data each time a participant enrolls in or leaves a participating AOD treatment facility, transfers between facilities, or changes the type of service received.

CADDS BENEFITS ℳ Data collected responds to requirements of the federal Anti-Drug Abuse Act of 1988

ℳ Data collected also responds to state law requirements to develop and maintain a centralized AOD data collection system

ℳ Data includes information on the number and characteristics of those receiving publicly-funded AOD recovery or treatment services

ℳ Describes who receives services

ℳ Includes all methadone providers - regardless of their funding source

ℳ Includes some mental health centers or other facilities which occasionally serve those with AOD problems

ℳ Identifies the types of direct AOD services provided

ℳ Provides accountability for public funding used to support the services

ℳ Provides management information which can be used by national, state and local government agencies for planning, research and policy development

ℳ Is valuable for program monitoring and resource allocation

ℳ Identifies and justifies the need for continued public funding for services

ℳ Does not include driving under the influence (DUI) programs and participants, which do not receive public funds, but are instead funded by fees

CADDS MASTER PROVIDER An adjunct to the CADDS system is the Master Provider File which maintains information on providers reporting to CADDS. The information includes county, provider ID, name, location, mailing address, National Facilities Register ID

FILE (MPF) number, and the types of services provided. The information is used to monitor and verify CADDs reporting, and to provide a linkage between participant and program data in CADDs and other ADP data bases.

DATAR Collects data to:

Ø Maintain a capacity management program which enables the state's AOD programs to readily report their treatment capacity

Ø Maintain a waiting list management program to document those who are not immediately admitted to an AOD treatment program due to lack of capacity

DATAR Captures information on all AOD treatment providers receiving public funds and methadone providers
BENEFITS

ℳ Provides monthly point-prevalence data on total and publicly-funded treatment capacity by type of service

ℳ Satisfies federal requirements regarding capacity management

ℳ Helps providers manage waiting lists and priority admission requirements

ℳ Provides management information useful for program monitoring, needs assessment and resource allocation

ℳ Supports continued public funding for services

ℳ Provides a process for the systematic reporting of treatment demand and public treatment capacity utilization

MORE The capacity management program enables programs to readily report their treatment capacity, ensures the maintenance of such reports, and makes that information available to the programs.

The state is also required to ensure that all individuals who request and are in need of treatment are admitted to a program within 120 days. If placement does not occur within 14 days of the request, those on the waiting list must be provided with interim services. In order to carry out this requirement, the state must establish a waiting list management program that includes assigning a unique client identifier to document applicants who are not immediately admitted to a program due to lack of capacity. This is done through the Waiting List Report (WLR).

The federal Capacity/Waiting List requirement has been expanded in California to include all AOD treatment providers receiving public funds and all methadone providers.

The WLR was developed as a tool to assist the provider in the collection of data necessary to complete the DATAR form. Providers must collect certain data on the WLR, but may also record additional information, if they find it helpful. The WLR itself is maintained at the provider site; the detailed information it contains is not forwarded to ADP.

UFDS Periodically collects data on all treatment and some nontreatment (prevention or education) AOD service providers.

UFDS BENEFITS

- Assists state and local AOD agencies in planning, evaluating and monitoring treatment and prevention programs and strategies

- Provides a sampling foundation for research studies

- Is the only source of consistent national information on publicly and privately funded AOD treatment service programs, and the number and characteristics of clients served

- Assists federal agency administrators in their preparation of budgets, program plans and policy recommendations

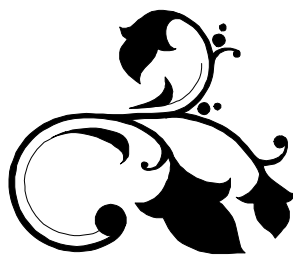
- Updates the National Facilities Register and provides information for national and state directories of services

MATRIX OF DATA

COLLECTED BY THE THREE SYSTEMS

(‘95)

Provider Information
Provider ID



CADDS

DATAR

UFDS

X

X

X

| | | | | | |
|---|---------|---|---|---|---|
| Type of Facility | | | | X | |
| Facility Licensure /Accreditation | | | | X | |
| Address Information | X (MPF) | | | | X |
| County | X | | X | | X |
| Telephone | | | | | X |
| Director | | | | | X |
| Funding Sources | | | | X | |
| Total Treatment Capacity | | X | | X | |
| Public Treatment Capacity | | | X | | |
| Provider Ownership | | | | | X |
| Treatment Services; Specialized Programs | | | | X | |
| Other Services | | | | X | |
| Treatment Staff Credentials | | | | | X |
| Managed Care Arrangements | | | | | X |

Participant Data

| | | | | | |
|----------------------|---|---|---|---|---|
| Sex | | X | | | X |
| Age | | X | | | X |
| Race | | X | | | X |
| Ethnicity | X | | | | X |
| Employment Status | X | | | | |
| Education Level | X | | | | |
| Referral Source | X | | | | |
| Pregnancy Status | X | | X | X | |
| Legal Status | | X | | | |
| Medi-Cal Beneficiary | | X | | X | |
| SSI/SSP Referral | X | | X | | |
| Disability | | X | | | |
| Admission Date, Type | X | | | | |
| Type of Service | X | | X | X | |
| Methadone (LAAM) | | X | | X | X |

Continued Next Page.....

MATRIX OF DATA COLLECTED BY THE THREE SYSTEMS, CONT'D.....

| | <u>CADDS</u> | <u>DATAR</u> | <u>UFDS ('95)</u> |
|-------------------------|--------------|--------------|-------------------|
| # of Prior AOD Episodes | X | | |
| AOD Problems | X | | |

| | | | | |
|-------------------------------|---|---|---|---|
| Route of Administration | X | | | |
| Frequency of Use | X | | | |
| Age of First Use | X | | | |
| Injecting Drug User (IDU) | X | | X | X |
| Clients HIV Pos.; Active TB | | | | X |
| Chronic Mental Illness* | X | | | |
| Homeless* | | X | | |
| Zip Code of Residence* | X | | | |
| Women w/Dependent Child. | | | | X |
| Perinatal Services | X | | | |
| Perinatal Case Management | | X | | |
| Parolee Project | X | | | |
| Total Active Clients in Trmt. | X | | | X |
| Total Clients (1 Year) | | X | X | |

Discharge Data

| | | | | |
|--------------------------------------|---|---|--|--|
| Date | | X | | |
| Status | | X | | |
| Employment Status | | X | | |
| AOD Problems | X | | | |
| Pregnancy | | X | | |
| Frequency of Use (Perinatal Only) | X | | | |

Waiting List Data

| | | | | |
|---|---|---|---|---|
| Established Waiting List & Policies | | | | X |
| Total Applicants on List in Month | | | X | X |
| Total Applicants on List End of Month | X | | | |
| # Applicants Admitted to Treatment from the Waiting List | | X | | |
| # Days on Waiting List | | X | X | |

* These items are optional on CADDs.

IV. YOUR ROLE IN MAKING THE SYSTEMS WORK

7

INTRO This section provides valuable information about how important the customer's role is to ensuring that the three systems perform as they were intended - as

sources of information vital to the state's AOD programs, systems work effectively only with the customers and providers..

clients and status. The interest and cooperation of the data

YOUR ROLE IN CADDs Reporting facilities collect information and report data to CADDs on every participant enrolled for treatment services. Every time a participant initially enters a facility or changes the type of service they receive, this is reported on a Participant Record form or similar county data form. Facilities also report data when participants leave or are discharged from services. The CADDs data collected is submitted each month either directly to ADP or to the county for eventual routing to ADP.

MAKING IT WORK Providers make the CADDs system work by assuring that:

- u Current admission and discharge information is submitted

- u Reports are reviewed and edited for errors and legibility

- u Supplies of forms are maintained

- u Liaison staff are assigned to work with the county and/or ADP to assure timely and accurate reports

- u New staff are trained in the reporting procedures

- u ADP/county requests for corrections or additional information are answered

- u ADP is notified of any program changes which occur

YOUR ROLE IN DATAR DATAR is a monthly reporting system. Reports are submitted to ADP at the end of each month. Providers use information recorded on the Waiting List Record forms to complete the DATAR form. DATAR forms are then sent to DATAR ADP either directly or through the county. The Waiting List Record forms used to prepare DATAR forms are kept by the providers.

MAKING IT WORK Providers make the DATAR system work by assuring that:

- u Information on the reports is accurate

- u Reports are submitted on a timely basis each month

⌚ Adequate supplies of forms are maintained

⌚ At least one staff member is trained and responsible for reporting

**YOUR
ROLE
IN UFDS**

UFDS is a point prevalence survey which means that providers must respond to survey questions with information about their programs on the specific survey date - usually around the first of October.

**MAKING
IT WORK**

In order to respond to the UFDS survey successfully, providers must:

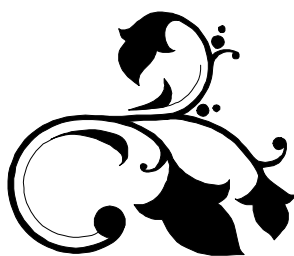
⌚ Review instructions carefully

⌚ Search their data sources

⌚ Gather and compile the data needed

⌚ Complete and review the information collected by the survey

⌚ Report the data accurately and on time

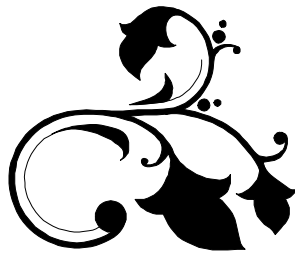


V. ADP'S ROLE IN THE PROCESS *n*

INTRO ADP maintains an active role in all three of the data processes and systems. This role extends from that of leadership as a policy maker, to that of a trainer, a data collection and analysis repository, a system maintenance operative and a redesign expert.

ADP HAS AN ACTIVE ROLE Generally, ADP's role takes on the following specific areas:

- ; Providing training about the three processes and systems
 - ; Answering questions about these, providing technical assistance
 - ; Responding to a wide variety of data inquiries
 - ; Maintaining the Capacity Waiting List Management Program
 - ; Maintaining accurate, up-to-date data bases
 - ; Monitoring and improving the quality of the systems' processes and data
-

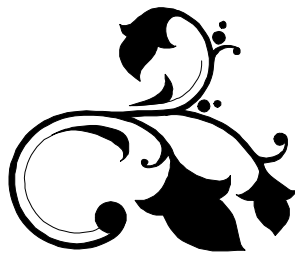


VI. WHY DATA FROM THE SYSTEMS ARE IMPORTANT *n*

DATA RE-SOURCES In general terms, the data collected through the three systems are important because they fulfill state and federal reporting requirements, AND provide the state, counties and providers with a wealth of information about the status of AOD-related programs and participants. As a result of responsive, accurate reporting statewide by the many AOD service providers, a full, well-rounded picture can be obtained by virtually any requester desiring information.

Collectively, the data available from the three systems offer a huge resource of information about AOD treatment programs and the client populations they serve.

ACCESS-IBILITY The information can be accessed at any level - statewide, county or program - which lends to its usefulness and flexibility. The data can be selected, arranged and displayed in hundreds of ways to facilitate analysis and comparison.



VII. GETTING AND USING DATA FROM THE SYSTEMS *n*

INTRO Two ADP branches are vital to the input and output of data from the three systems: **Data Management Services (DMS)** and **Research and Policy Analysis (RPA)**. In general, DMS develops, maintains and manages the systems, collecting and processing the data. DMS coordinates with counties and providers to assure the data bases are complete, up-to-date and accurate. RPA then provides the data from the systems to ADP's many customers and requesters. Customers include counties, legislators, federal agencies, private and public researchers, members of the general public, and students - to name just a few.

MAJOR INPUTS ∅ Data Management Services (DMS), with support from Computer Services, collects and processes monthly CADDs and DATAR reports from about 860 AOD treatment providers.

∅ DMS gathers extensive information from 1400 California public and private treatment facilities for the annual UFDS survey.

∅ The specific data collected by the three systems is presented in detail in the matrix on pages 10 to 11.

MAJOR OUTPUTS ; Research and Policy Analysis (RPA) produces an annual county-level report summarizing CADDs data.

- ; Provider-level reports are available by request
 - ; Monthly county-level CADDs reports are available by request
 - ; Drug/Medi-Cal Utilization reports
 - ; Data for county administration, state block grant and federal planning
 - ; Responses to a variety of public and private requests for data or analysis
-

**MORE
INFO**

HOW THE DATA CAN BE USED :

CADDS

DATA IS..... ∅ collected on participants entering, transferring or leaving treatment

∅ available from July 1991 up to the current date

∅ available through reports generated monthly by RPA
(see Attachments for examples)

∅ maintained in a SAS data base and accessible through ADP

USE

CADDS

DATA

WHEN.....

You want to:

ℳ obtain state or county-level data on client characteristics

ℳ get a picture of admissions and discharges

ℳ obtain epidemiological trends for needs assessment and planning

ℳ determine the types of AOD services delivered

ℳ obtain a list of publicly-funded and methadone treatment service providers
(via the Master Provider File)

DATAR

DATA

IS.....

∅ available for drug abuse programs since 1989 and for alcohol and
drug programs since July 1994

∅ available through reports generated monthly by ADP
(see Attachments for examples)

∅ maintained in a SAS data base available through ADP

∅ ad hoc reports available by request from RPA

USE DATAR DATA

WHEN..... You want to:

- ℳ determine the number and type of participants awaiting public treatment
 - ℳ assess treatment demand trends
 - ℳ determine the capacity and utilization of publicly-funded treatment programs
-

UFDS DATA

IS..... ℳ available since 1986

- ℳ available through reports generated upon request
 - ℳ is maintained in a SAS data base available through ADP
 - ℳ used to compile the California directory of community AOD services
 - ℳ useful for planning, policy development, needs assessment and resource allocation studies
 - ℳ available for other states and the nation from the federal Substance Abuse and Mental Health Services Administration
-

USE UFDS DATA

WHEN..... You want to obtain information about:

- ℳ demographics of those in public and private treatment facilities
 - ℳ public and private treatment and nontreatment providers, including DUI programs
 - ℳ provider services and facilities
 - ℳ pregnant and parenting women
 - ℳ geographic location of clients
 - ℳ provider treatment funding sources
-

**WHAT YOU
CAN DO.....**

HOW YOU CAN MAKE THE DATA MORE USEFUL:

- ℳ If you are a provider, always follow ADP guidelines to report system data - the information available is only as good as that which is reported by providers
 - ℳ Because ADP is always seeking to improve the overall quality and quantity of its data, feel free to specify what information would be the most useful to you and why
 - ℳ Request and use ADP data in planning, policy, outcome and evaluation studies
 - ℳ Be analytical and explicit about information requests - do not hesitate to ask questions or to ask for help in determining what data would be most useful
-

**GETTING
THE DATA**

HOW AND WHERE TO GET THE DATA YOU NEED:

- ℳ Generally, all data requests may be made to ADP's Research and Policy Analysis Branch by calling (916) 322-4445; your call will be routed according to the nature of your request
 - ℳ Or, requests may be sent by FAX to (916) 323-0659
 - ℳ Except for high priorities, all requests are answered on a first come, first served basis
 - ℳ Be sure to include your name, organization, phone and/or FAX numbers with your request, and who to contact in case ADP has questions
 - ℳ Please call if you have any questions or need technical assistance when making your requests
-

EXAMPLES

WHAT THE DATA LOOKS LIKE:

Sample data input forms and print outs from the three systems are provided in the ***ATTACHMENTS SECTION***, which begins on page 29.

OTHER DATA AVAILABLE

Listed below are some of the reports available on request from Research and Analysis:

Policy

Indicator Data - Basic alcohol or other drug abuse indicator data from state criminal justice, and treatment data bases for each county and the state.

health,

Health Data Summaries - Produced by the Department of Health Services, these contain social, health, economic, and demographic data from state data bases. Data is available for the state and each county.

summaries

Arrest Statistics - Arrest data is supplied to ADP by the Department of Justice, Criminal Statistics. Adult and juvenile data by offense type is available, gender and race/ethnicity.

Bureau of
as well as age,

Drug-Induced Deaths - Supplied by the Department of Health Services, provides breakout of deaths by type of drug for each county and the state.

a complete

Population Projections - Produced by the Department of Finance, projections are each county to the year 2020. Age, gender and race/ethnicity are also available.

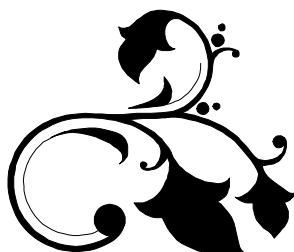
developed for

AIDS Cases - The Department of Health Services, Office of AIDS, publishes AIDS cases by county.

cumulative

Clandestine Lab Seizures - The Western State Information Network lists lab county and type of drug each year.

seizures by



QUESTIONS AND ANSWERS

Q: How long has California been collecting AOD treatment facilities and client data?

A: Since 1974, under the Integrated Drug Abuse Reporting Project contract with the National Institute on Drug Abuse (NIDA). This effort encompassed the Client Oriented Data Acquisition Process (CODAP) and the National Drug Abuse Treatment Utilization Survey. In 1982, ADP developed and implemented the California Drug Abuse Data System (CAL-DADS), a client data collection system based on CODAP.

Q: When did California begin to participate in the national AOD facilities survey - the one now called UFDS?

A: Intermittently between 1982 and 1987. In 1988, California participated in the collaborative effort to develop a national uniform data system. In 1989, ADP applied for and received federal funding to expand data collection activities. Subsequently, CADDS was established.

Q: How are public sector AOD treatment services provided in California?

A: By local governments or private agencies under contract. Most of the federal and state funds for direct treatment are subvented by the Department to the counties. According to state law, each county government must designate a Drug Program administrator and an Alcohol Program Administrator to plan, oversee and evaluate programs for the county. Counties may provide direct services themselves, usually through mental health or health departments, or they may contract with private organizations or services. The county administrators have formed an association which meets regularly to advise the Department.

Q: How are individual client data records received by CADDS?

A: Through one of two mechanisms. Data are submitted monthly by automated counties on computer tape or diskette. Treatment providers which do not participate in automated county interface systems submit hardcopy forms directly to the Department on a monthly basis. Hardcopy forms are received by the Data Management Section, logged in, and forwarded in weekly batches to the key data entry contractor.

Q: When is data entered into the system from the forms ADP receives?

A: Data is key-entered from the forms within approximately one week, and the resulting

raw data file is transmitted to the Health and Welfare Data Center (HWDC). Data tapes or diskettes received from automated counties are also logged in before being transmitted to HWDC for processing. From the point at which client data records reach HWDC, they are processed through the same systems regardless of their origin.

Q: Is the data received at ADP edited or checked for duplication, errors, etc.?

A: Yes. At the beginning of each week, all new client data records are processed through the CADDs Edit programs. The Edit checks for duplication and rejects duplicate records, rejects records which have invalid or missing data in the record identification fields, applies a series of logical tests to each data field and to sets of related data items, and applies correction and deletion transactions to their original records, then re-tests records which have been changed.

Q: What happens to records found with errors or missing information?

A: Records which fail the logical tests on fields designated as critical data items are held in a Suspense File until they are corrected, at which time they re-enter the Edit process. The Edit process also produces data control reports and error reports and prints facsimiles of rejected records. At the end of each month, all records Edited that month are processed through the CADDs Update programs.

Q: What does the CADDs Update process do?

A: The process matches discharges to their corresponding admission records; updates the master data files by adding new records, removing deleted records, and replacing corrected records; produces data control reports; converts new and corrected admission records to federal format and produces California's submission to the national Treatment Episode Data Set; and creates new analytical data base files. About 95% of discharges are matched to admissions in the Update process.

Q: What happens next to these reports?

A: Data control reports, error and unmatched discharge reports, and facsimiles of rejected records produced by the Edit and Update processes are forwarded to Data Management staff for follow-up action. Each staff member is responsible for data quality control for certain counties. Depending on the type of problem and whether the client record originated on hardcopy or through an automated county interface, Data Management staff contacts the designated CADDs liaison at the provider or county level to inform them of the problem and obtain information needed to correct it. This consistent and timely direct feedback is an essential part of ADP's approach to data quality control.

Q: How often is the information on treatment providers maintained in the CADDs Master Provider File updated?

A: The information maintained is updated on-line each week as new information is received by Data Management staff.

Q: How is the Master Provider File used?

A: The file is used in the Edit process to validate fields such as Provider ID and Type of Service. It is also incorporated into the quality control procedure for monitoring reporting compliance. At the beginning of each month, a log is printed from the Master Provider File of providers expected to report to CADDs. As hardcopy reports are received in the mail, they are recorded on the log. If a CADDs report has not been received by the end of the month, a letter is sent to the provider with copies to the County Drug and Alcohol Program Administrator and the Department's analyst for that county's contract.

Q: How important is this?

A: Maintaining provider reporting compliance is one of the responsibilities delegated to counties under automated county interface arrangements. However, Data Management staff monitor the automated counties by comparing information from the Edit data control reports with the listing of providers expected to report through automated media, and contact the county CADDs liaison to resolve any discrepancies. Over 95% of expected reports are received by the system on time.

Q: What about the annual UFDS survey? How does ADP manage this process?

A: To assure uniformity in survey responses, California provides supplemental instructions and a well-trained UFDS staff to assist providers. The supplemental instructions clarify the survey terminology and provide comparable California definitions. Telephone numbers, including a toll-free (800) number, are provided for assistance to respondents. The UFDS staff are trained and proficient in the survey's methodology and definitions. Data Management Services has staff specifically devoted to the survey.

Q: What happens when providers do not respond to or cooperate with the annual survey?

A: About 25% of the surveys are completed and returned on time. Telephone calls are made to all non-responding facilities, assuring them of assistance and encouraging them to complete the survey. A second survey package is mailed if needed. This first round of follow-up increases the response rate to approximately 35%. The remaining 65% of the surveys are completed by the UFDS staff after additional follow-up calls and telephone interviews with facility directors.

Q: What about those surveys which are returned to ADP? Do they tend to contain errors or

omissions?

A: Yes. Most of the returned surveys contain multiple errors. Follow-up contact with the facility must be made to correct these. Respondents have the most difficulty completing the funding information. Some private facilities refuse to reveal their funding sources, or only give fund totals. Others know their fund totals but are unable to break their funding down by source, or they include non-treatment monies.

Q: How are these errors corrected at ADP?

A: When possible, the UFDS staff manually verify the UFDS funding information against the Department's fiscal data on sources of funding and amounts designated for treatment. The UFDS staff then telephone the facility to confirm the funding information and any other corrections. A final review of all survey forms, for completeness and accuracy, is done by the Project Coordinator.

Q: What happens to the corrected surveys?

A: The forms are logged out as completed, batched and mailed to the federal contractor, and copies are filed in the office. Any facility name and address changes are also entered on the UFDS Master File at this time. The Project Coordinator communicates with the federal contractor to resolve any discrepancies or questions which may come up in their review of the completed surveys.

Q: Does ADP do anything else to ensure accurate and comprehensive data from this survey?

A: Yes. ADP compares the facility survey responses against data received from the CADDs and information acquired by other Department branches such as Licensing and Certification which licenses residential treatment facilities, Methadone Licensing which monitors methadone treatment facilities, Driving Under the Influence (DUI) Section which licenses DUI programs, Drug Medi-Cal Section which monitors drug Medicaid funds, and financial operations staff who monitor public funds.

Q: How does California use the survey information collected?

A: As part of an ongoing effort to enhance information resources, California uses the UFDS survey to collect additional information for state needs. An annual Department-wide analysis of information needs and resources is conducted, and areas where gaps are identified are considered for inclusion in UFDS. Information is also collected to compile California's AOD directory of community services. This is widely distributed throughout California to AOD, education, criminal justice and other agencies and individuals. The prospect of being included in

California's directory provides a strong incentive for private facilities to respond to the survey. Beyond this, the Research and Policy Analysis Branch uses the UFDS data in its research projects, and for needs assessment, planning and policy studies.

Q: Are any of California's AOD data systems linked to each other?

A: The current system linkage capability between the Department's financial management, provider and client data files consists mainly of sharing information, and using compatible categories and definitions and common provider identification codes. This allows for manual linkages of fiscal and client information at the provider and service levels. ADP has realized the need for linkage between systems, and is planning for vital improvements. These improvements will encompass, but will not be limited to, fiscal and client data.

DATA REPORTING REQUIREMENTS

California Law (Health and Safety Code Section 11755(o) (1,2 & 9) and (p) and Section 11758.29(e), requires providers of publicly-funded services or services licensed by ADP to report data to the state in a manner prescribed by ADP.

Ø California Alcohol and Drug Data Systems (CADDs) - Any facility receiving state or federal monies to provide treatment/recovery services or licensed to dispense methadone shall report admission and discharge data and other data on all treatment/recovery participants - regardless of the source of funding for individual participants - along with Provider Summary data, to CADDs.

Ø Drug and Alcohol Treatment Access Report (DATAR) - Department of Health and Human Services, Substance Abuse and Mental Health Services Administration regulations (45 CFR 96, Section 96.126) require California to establish a Capacity Management Program and Waiting List Management Program. All treatment providers who use public funds, and all methadone treatment providers (regardless of funding) are to complete the DATAR on a monthly basis.

Ø Uniform Facility Data Set (UFDS) Survey - Any facility receiving state or federal monies or licensed by ADP to provide treatment/recovery service for alcohol and/or drug abuse shall report information to the annual UFDS Survey. Privately-funded facilities are also encouraged to participate in the survey. Programs completing the survey are included in the national and state directories of services.

Ø CADDs, DATAR and UFDS are required by the counties' Net Negotiated Amount (NNA) and Medi-Cal contracts, and are a condition of California's receiving the federal

Substance Abuse Prevention and Treatment Block Grant.

ADP relies on providers to submit CADDs and DATAR data on time so processing can occur on schedule, and complete data reports can be made available to the many administrators, legislators and researchers who rely on CADDs and DATAR data for crucial information.

PROGRAM & SERVICE DEFINITIONS CADDs and DATAR manuals are available from ADP which provide complete definitions and reporting guidelines. See WHERE TO CALL FOR MORE INFO on the next page.

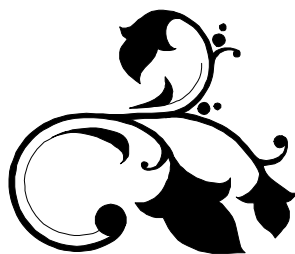
EXAMPLES The attachment provides copies of the data collection forms used to report information to the three data systems discussed in this manual: the California Alcohol and Drug Data System (CADDs); the Drug and Alcohol Treatment Access Report (DATAR); and the Uniform Facility Data Set (UFDS). In addition, some examples of the data generated by the systems are included.

WHERE TO CALL FOR MORE INFO ¶ For information about data reporting...
Call Data Management Services at (916) 327-5563
 § For information about obtaining data...
Call Research and Policy Analysis at (916) 322-4445

: FAX both offices at (916) 323-0659
Internet address: *(not available-add prior to publication)*

§ For information from the Resource Center...
Call (916) 327-3728 or 1-800-879-2772
TDD: (916) 445-1942; FAX: (916) 323-1270

OR WRITE ¶ The Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814



ATTACHMENTS

INTRO This attachment provides copies of the data collection forms used to report information to the three data systems discussed in this manual. In addition, some examples of the data generated by the systems are included.

ATTACHMENT 1 *California Alcohol and Drug Data System (CADDs)*

Admission Copy
Discharge Copy
Provider Summary Report
3-Page Example of Print-Out

ATTACHMENT 2 *Drug and Alcohol Treatment Access Report (DATAR)*

Drug and Alcohol Treatment Access Report Form
4-Page Example of Print-Out

ATTACHMENT 3 *Uniform Facility Data Set (UFDS)*

Copy of 1995 Survey Package:
Cover Letter from ADP's Director
Supplemental Instructions
Primary Survey
Perinatal Program Survey (Attachment A)
Treatment/Recovery Services Survey (Attachment B)
DUI Program Survey (Attachment C)
Agency Survey (Attachment D)

ATTACHMENT 1

California Alcohol and Drug Data System (CADDs)

Admission Copy
Discharge Copy
Provider Summary Report
3-Page Example of Print-Out

ATTACHMENT 2

Drug and Alcohol Treatment Access Report (DATAR)

Drug and Alcohol Treatment Access Report Form
4-Page Example of Print-Out

ATTACHMENT 3

Uniform Facility Data Set (UFDS)

Copy of 1995 Survey Package:

Cover Letter from ADP's Director

Supplemental Instructions

Primary Survey

Perinatal Program Survey (Attachment A)

Treatment/Recovery Services Survey (Attachment B)

DUI Program Survey (Attachment C)

Agency Survey (Attachment D)